

SERA-IEG 19

(Southern Extension and Research Activity Information Exchange Group)

Duration: October 2008 to September 30, 2013

Administrative Advisors: Dr. Gail Cramer, Louisiana State University (Research)
Dr. Jim Trapp, Oklahoma State University (Extension)

STATEMENT OF ISSUES

Health and health care is the leading challenge facing communities across the Southern United States. Increasing chronic disease coupled with mounting fiscal pressure threatens communities' access to care, the economic viability of the health care system, and the health and well-being of individuals, families and communities. In the mid-1980s, a group of individuals from multiple disciplines and states came together to exchange ideas and experiences in response to the growing complexity of health care infrastructure, access and policy issues, and the resulting economic impact. In 1990, this group formally organized as the Southern Extension and Research Activity Information Exchange Group (SERA-IEG) 19, focusing on rural health. This network of research, Extension and health professionals is building collaborative partnerships to improve community health and well-being and welcomes new members.

JUSTIFICATION

Rural community leaders are facing huge challenges relative (1) to control of chronic diseases often associated with underlying life style patterns and (2) to maintain health services vital to the economic health of the community.

The need for increased control and prevention of chronic disease can be illustrated by considering the causes of death and significant risk factors. In the United States, 7 of 10 deaths and the vast majority of serious illness, disability, and health care costs are caused by chronic disease. More than two-thirds of all deaths each year are caused by 5 chronic diseases - heart disease, cancer, stroke, chronic pulmonary diseases such as asthma, bronchitis, emphysema, and diabetes. Underlying these serious diseases are several important risk factors; poor nutrition, lack of physical activity, tobacco use and other exposures that may be modified and thereby help to reduce associated morbidity and mortality. Although health care spending has risen to \$1.4 trillion (2001 statistics), health disparities remain a major concern and 40.5 million uninsured Americans under the age of 65 continue to have very limited access to medical care. With the current economic slowdown, the number of uninsured and underinsured increases daily. Furthermore, the rates of uninsured and underinsured are greatest in rural areas.

The economic issues stem from the fact that the health sector is critical to the economic viability of rural communities. The health sector is critical because it employs a large number of workers, is important for industrial and business growth, and is needed to attract retirees. Research has demonstrated that the health sector is responsible for from 10-15 percent of a community's employment. If the secondary benefit is added (that is the jobs created in other

sectors due to health sector spending) the total employment impact if from 15 to 20 percent. Research indicates that if a community desires to attract business and industry, the two quality of life variables that a community must have is quality health and education services. If a community desires to attract retirees as a development strategy, research further indicates that the quality of life variables are health and safety.

Because health care is so critical to human well-being and community well-being, and because concern for health care crosses so many disciplines, an extension of this information exchange group is essential. The information exchange group will continue to bring together professionals in the land grant system, offices of rural health, medical and nursing schools, and state health departments, allowing bridges to be built between and among the disciplines involved.

OBJECTIVES

The SERA-IEG 19 has four primary goals:

- Exchange new research findings and extension programs related to health care delivery, organization and financing in rural areas
- Generate regional collaborations among researchers and extension professionals to acquire extramural funds to conduct integrated research
- Provide a forum for cross-disciplinary exchange of ideas related to rural health care trends and policy impacts
- Develop joint projects and activities that might be expected to strengthen Extension's role in protecting the health and safety of the public

PROCEDURES AND ACTIVITIES

SERA-IEG 19 meets annually in various southern locations to encourage maximum participation among members. Annual meetings last approximately two days. The first day is spent networking and listening to a keynote speaker who brings a cross-disciplinary perspective to rural health research or extension program delivery. The second day features presentation by members to learn about new research and brainstorm about how to disseminate research via extension programs. The last part of the conference is devoted to setting the priorities for work for the coming year. Members discuss strategic plans and commit to work toward fulfilling those goals.

Based on the success of the first eight years of the SERA and a strong desire by member to continue, the current group has continued to meet and collaborate across state lines. A list of previous meeting can be accessed at: <http://srdc.msstate.edu/sera19/meetings.htm>. For each meeting, minutes and proceedings have been made available via on-line access. A summary of recent meetings includes:

September 10-12, 2007 -- Atlanta, Georgia
April 10-12, 2007 -- Kansas City, Missouri
August 3-4, 2006 -- Memphis, Tennessee

April 11, 2005 -- Lexington, Kentucky
October 13-15, 2004 -- New Orleans, Louisiana

The next scheduled SERA-19 2008 Conference will be on August 4-6, 2008 at the Houston Marriott Medical center, Houston, TX. The theme will be: *Research Trends: Determining the Future of Health Programming*. This theme has been chosen to reflect this year's focus on the cutting edge research influencing all aspects of health programming in rural areas. However, this broad topic includes such categories as intervention strategies for specific diseases; extension programming work with immigrant populations; and the economic analysis of health care delivery in rural areas (this area could include such topics as the importance of information technology; management and organization of health care entities; impacts of governmental policy actions; etc.).

Our goal at this August 4-6, 2008 meeting is to plan joint activities and projects for the coming years. The group is also making an effort to get more professionals involved and to have participation from all Southern States. During recent years, the group has sponsored the health institute and held one joint meeting. Because of budget limitations, the group will limit as far as practical, separate meetings and will meet in conjunction with regional or national meetings its members are likely to attend.

EXPECTED OUTCOMES AND IMPACTS

In the early 1990s, the southern regional branch of the United States Department of Agriculture - Cooperative States Research, Education, and Extension Service (USDA-CSREES) formed a task force to share ideas, address problems, and promote collaboration on rural health topics. The initial meeting of this rural health task force included scientists from many land-grant Southern universities and government agencies.

Over the next several years, the task force met twice yearly and developed a cooperative research and extension agenda that focused on rural health. The group published a guidebook entitled "Creating Partnerships in Health Care: A Local Initiative," published documents on state health initiatives, sponsored a symposium at the 1992 Southern Rural Sociology Meetings, and organized a conference on rural health partnerships in 1993 that was attended by over 100 participants.

In 1993, the task force proposed that it be converted to a "SERA," which is an acronym for Southern Extension Research Activity. The rural health SERA became the 19th such group formed under the southern regional branch of USDA-CSREES, and hence became known as SERA-19. The movement to a SERA allowed for more recognition by other groups and also provided the potential for long-term funding. After becoming a SERA, the group developed a resource directory, a position paper for health administrators, and a curriculum committee. The group also became formally known as an Information Exchange Group (IEG) within the SERA organization, which aligned with one of the original goals of the group - to share information about rural health-oriented programs.

Between 1994 and now, SERA-IEG 19 has led to the creation of a national extension health task force ("Healthy Communities - Healthy People"), held numerous conferences promoting rural health partnerships, obtained a \$25,000 Kellogg foundation grant to promote state specific programs, held four health institutes in various southern states, and continued with its bi-annual meetings where members presented ongoing projects, discussed potential future partnerships, and learned about current studies in rural health. Today, SERA-19 has over 40 members with expertise ranging from environmental health and hospital administration to rural sociology and economics.

The following universities and government agencies have been active participants in SERA-19:

- Virginia Tech
- Oklahoma State University
- University of Alabama
- University of Arkansas
- Auburn University
- North Carolina State University
- Alcorn State University
- Tuskegee University
- University of Kentucky
- Texas A&M University
- Louisiana State University
- University of South Carolina
- Clemson University
- University of Florida
- Mississippi State University
- University of Missouri-Columbia
- University of Georgia
- Southern Rural Development Center

This information exchange group has been extremely active and productive for eight years. During its earlier years, the group prepared joint publications, sponsored multi-discipline, multi-agency conferences, and worked jointly across state lines on joint projects. The SERA helped foster and expand many multi-state projects. Recently the group has concentrated its efforts on conducting the Southern Extension Health Institute. The week-long Institute has been presented for the past three years. The Institute was designed to provide Extension agents with a unique opportunity to participate in an intensive state-of-the-art health training program (and the option of early three graduate credits). It was designed to give participants an increased understanding of health systems, Extension's role in health, and tools and strategies for working with individual, family, and community health issues. Evaluations of the Institute have been very positive.

Additional outcomes:

- In 2006-2007, SERA-IEG 19 members produced several extension and research publications. Among journals, magazines, extension and other research based publications, a total of 70 publications were produced.
- The SERA has also been a leader in the region by forming collaborations with other units outside the land-grant system. These other partners have included professionals from the School of Medicine and State Offices of Rural Health.
- In 2007, SERA-IEG 19 produced its first annual meeting proceedings publication entitled: *Proceedings of the 2007 Rural Health Southern Extension and Research Activities (SERA)19 Global Learning, Local Action Conference*, eds. Barnes, J. and S. Wiggins, September 10-12, 2007, Atlanta, Ga.
- In 2008, SERA-IEG 19 co-sponsored a session on rural health issues at the Priester National Extension Health Conference on April 8-10, 2008 in Raleigh/Durham, North Carolina.

EDUCATIONAL PLAN

The primary target audience for rural health care education will be research and extension professionals across several disciplines, including economics, nutrition, family and consumer science and sociology, to name a few. Education will be provided through publications, presentations at annual meetings, workshops and forums. Educational materials will also be provided through on-line modules available at <http://srdc.msstate.edu>.

ORGANIZATION/GOVERNANCE

SERA-19 Rural Health is a multi-state information exchange group comprised of professionals that are concerned about the health and well-being of communities across the Southern region. The representatives, including professionals in the land-grant system, offices of rural health, medical and nursing schools, and state health departments, promote collaboration among the disciplines involved.

Current Officers

Chair: Sandy Wiggins, North Carolina State University

Chair-elect: James Barnes, Louisiana State University

Secretary: Marcus M. Comer, North Carolina A&T State University

Subcommittees

Here are the current membership lists for the SERA-19 Rural Health Sub-committees. These sub-committees are responsible for developing programs for annual meetings.

Public Policy & Education

- Paul McNamara—Chair
- Tracy Carter
- Matt Fannin
- Yvonne Thomas
- Bonnie Carew

Agromedicine

- Julia Storm—Chair
- Jimo Ibrahim
- Mohammed Ahmedna
- John Wheat (assumed)

Community & Economic Development

- Gerald Doekson-Chair
- Garen Evans
- Cruz Torres
- Rick Maurer
- Matt Fannin
- Arturo Menefee
- Paul McNamara
- Tracy Carter
- Yvonne Thomas
- Bonnie Carew
- Val Schott
- Barbara Garland
- Kathleen Tajeu
- Lakeesha Dotson
- James Barnes
- Matt Fannin
- Brian Whitacre

Health Promotion & Disease Prevention

- Chair vacant due to resignation of Youmasu Siewe; replacement needed
- Youmasu Siewe
- Cruz Torres
- Russ Kennedy
- Linda Jouridine
- Kathleen Tajeu
- Bobbi Clarke
- Vivian Lasley-Bibbs
- Julia Storm
- Jimo Ibrahim

- Mohammed Ahmedna
- Sonya Wilson
- John Wheat
- Shantell Smith Jones
- Mary C. (Sandy) Wiggins

Health Institute / Core Competencies

- Linda Jouridine—Co-Chair
- Bobbi Clarke—Co-Chair
- Youmasu Siewe
- Rick Maurer
- Russ Kennedy